



# CENTRON SECURITY SERVICES

# Daily Security Report

Client No. <b>2036</b>		Client Name <b>O. H. METALS</b>				Location <b>1002 Oswego ST</b>				Date <b>2/26/87</b>																
Facility Equipment	Detect Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other <b>3 Key, Log Book + Phone</b>																			
<b>Officers:</b> Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) <b>Off Del Vecchio</b>				Officer—Swing Shift (Name) <b>Dealing</b>				Officer—Grave Shift (Name) <b>Dick Kokoszki</b>															
			Shift Began <b>8</b> AM-PM Ended <b>4</b> AM-PM				Shift Began <b>4</b> AM-PM Ended <b>12</b> AM-PM				Shift Began <b>12</b> AM-PM Ended <b>8</b> AM-PM															
Observations or actions taken			Yes	No	Explanation				Yes	No	Explanation				Yes	No	Explanation									
Rounds or stations missed				✓						✓						✓										
Unlocked doors, gates or windows				✓						✓						✓										
Unlocked vaults or safes				✓						✓						✓										
Fire-smoke-or hazards				✓						✓						✓										
1. Extinguishers missing or defective				✓						✓						✓										
2. Sprinkler system defective				✓						✓						✓										
3. Fire doors or exits blocked				✓						✓						✓										
4. Rubbish accumulation				✓						✓						✓										
5. Motors running				✓						✓						✓										
6. Lights left burning				✓					✓	<b>As needed</b>					✓											
Injury hazards				✓						✓						✓										
Visitors			✓		<b>Blue Bowl</b>					✓						✓										
Trespassing				✓						✓						✓										
Violation of company rules				✓						✓						✓										
Remarks																										
<b>IMPORTANT:</b> If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																										
1. Were you injured during this tour?			Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2. Did you suffer any illness?			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Signatures			1. <b>Off Del Vecchio</b>				2. <b>Robert Dealing</b>				3. <b>Dick Kokoszki</b>															
Signatures			2.				2.				2.															
Signatures			3.				3.				3.															

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